

Country Summary: Ghana

Period: October 2011 – September 2012



Selected Health and Demographic Data for Ghana

GDP per capita (USD)	1097.83
Total population	23,837,261
Maternal mortality ratio (deaths/100,000 live births)	350
Skilled birth attendant coverage	58.6%
Antenatal care, 4+ visits	78.2% (2008, DHS)
Neonatal mortality rate (deaths/1,000 live births)	30 (2011, UN IGME 2012)
Infant mortality rate (deaths/1,000 live births)	52
Under-five mortality (deaths/1,000 live births)	78
Treatment for acute respiratory infection	60.4%
Oral rehydration therapy for treatment of diarrhea	66.8%
Diphtheria-pertussis-tetanus vaccine coverage (3 doses)	94%
Modern contraceptive prevalence rate	16.6%
Total fertility rate	4%
Total health expenditure per capita (USD)	45.05

Sources: World Bank, Ghana 2008 Demographic and Health Survey, WHO, UNICEF

Major Activities

- Pre-service education strengthening at 32 schools:
 - Trained 97 tutors in effective **teaching skills**
 - Trained 14 tutors and 10 preceptors in basic emergency **obstetric and newborn care skills**
 - Trained 16 tutors in **Helping Babies Breathe**
 - Provided resource materials, models and job aids for skills labs at six targeted schools
 - Finalized drafts of Skills Lab Operations Manual and Preceptors Reference Manual



Program Dates	October 1, 2009 – September 30, 2013
2011-2012 Budget	\$3,242,000
Mission Funding to Date	October 2009-September 2010: \$1,092,300 October 2010-September 2011: \$1,150,000 October 2011-September 2012: \$1,920,000 Total: \$4,162,300 (obligated)
Geographic Focus	National
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2011-2012: Achievement Highlights

Objective 1: Improve midwifery students' knowledge, skills and attitudes in targeted basic emergency obstetric and newborn care (BEmONC) interventions.

- **Twelve tutors were trained in BEmONC skills** with practical sessions taking place at the Tema General Hospital. All participants improved in both their knowledge and skills. knowledge scores increased from 74% to 88%, while average scores on the observed structured clinical examination (OSCE) showed marked results: scores for active management of third stage of labor (AMTSL) improved from 63% to 95%, manual removal of placenta from 53% to 87%, essential newborn care and newborn resuscitation from 64% to 88% and pregnancy-induced hypertension from 39% to 90%.

Objective 2: In targeted midwifery schools, equip and improve management of skills laboratories to strengthen student competencies in selected maternal and newborn health interventions.

- **MCHIP supported the development of the Skills Laboratory Operation Manual** by convening a stakeholders meeting that identified major content areas to be included in the Skills Lab Operation and Preceptor Manuals. MCHIP and American College of Nurse Midwives (ACNM) developed the content based on the information, and the manual was reviewed and validated by stakeholders, including representatives from Ghana's Human Resources for Health Development, Nurses and Midwives Council, UNFPA, midwifery schools and MCHIP staff.
- **Skills labs** are being **equipped** with the necessary furniture (e.g., surgical beds) and teaching tools (e.g., 146 NeoNatalie models were distributed to Ghana's 36 midwifery, community and public health schools).

Objective 3: Strengthen preceptors' clinical skills and teaching competencies at clinical sites linked to targeted schools.

- **10 preceptors were trained at the BEmONC training courses** outlined under objective 1 and seven preceptors have received follow-up on-site mentoring visits.
- **MCHIP supported the development of a Preceptors Reference Manual** using the same process as outlined above for the Skills Laboratory Operation Manual. Topics in the manual include: Selection and Support of Preceptors; Roles and Responsibilities in Establishing and Maintaining a Preceptor System; Assessment and Strengthening of Clinical Sites; Improving the Quality of Education Using a Standards-Based Management and Recognition Approach; Teaching and Learning; Providing Client Care; Follow-up Support and Monitoring; and Evaluation and Planning.

Objective 4: Increase competency of tutors and their students at nine Community Health Nursing Schools, one Public Health Nursing School, one Medical Assistant School and 21 Midwifery Schools in current best practices for HIV/AIDS, tuberculosis, malaria, family planning, newborn resuscitation, and addressing stigma and discrimination.

- **97 educators** from 32 community health nursing, public health nursing and midwifery training institutions and two program officers from ACNM attended a five-day **effective teaching skills** training in small groups. All participants completed Jhpiego's ModCAL exercise (a computer-based learning module) before attending the workshop.

- **27 tutors were trained as lead peer assessors** to enable them to conduct assessments of their peers using HIV, malaria, TB, FP and newborn resuscitation standards in their various training institutions.
- **16 tutors and one preceptor received training in Helping Babies Breathe (HBB)** and increased their average knowledge by 10 percentage points (from 75% pre-training to 85% post-training) and their practical skills as measured by OSCE by 31 percentage points (from 54% pre-training to 85% post-training).
- **Follow-up mentoring visits were conducted for 27 tutors** at 12 schools. The tutors were assessed in the technical areas of HIV, tuberculosis, malaria, FP, BEmONC, and HBB, and were mentored on observed issues.



Objective 5: Develop, implement and evaluate the use of m-Mentoring (mobile mentoring) to reinforce midwifery tutors' new competencies during program interventions.

- The MCHIP team designed and is now implementing an **m-Mentoring approach**. The MTN cellphone network and SIM cards are used to send SMS reminder messages and quizzes to participants via FrontlineSMS software. In addition to SMS, MCHIP staff makes regularly scheduled calls to tutors to mentor them. Tutors also have the option to “flash” MCHIP staff to request a call back if they have a question or concern. The m-Mentoring program focuses on four topic areas: AMTSL, newborn resuscitation, manual removal of the placenta and pre-eclampsia.

Priorities for next reporting period

The next reporting period will continue ongoing activities in the above-mentioned five objectives. The priorities for the first quarter of the reporting period are:

- Conduct HIV/AIDS, malaria, tuberculosis and FP technical update training for tutors from additional schools added during last reporting period (five midwifery schools, one medical assistant school) and new tutors from midwifery and community health nursing schools.
- Continue with renovation and set-up of skills labs in six targeted midwifery schools.
- Continue with onsite supervisory visits to tutors.
- Continue m-Mentoring program.
- Conduct baseline assessment of preceptors' knowledge and skills in BEmONC.
- Train 40 preceptors (two groups of preceptor trainings) in targeted BEmONC interventions.

In addition, the team has added two new objectives to the workplan:

- Objective 6: Improve midwifery and community health nursing tutors knowledge and skills to teach new nutrition interventions.
- Objective 7: Enhance training materials by supporting Nursing and Midwifery Council to conduct regular Midwifery Curriculum Reviews and by supporting Ministry of Health to design an integrated eLearning Program.

The priorities for Q1 of FY13 for these objectives are:

- In collaboration with the USAID-funded Food and Nutritional Technical Assistance (FANTA) project, conduct a stakeholders (GHS, NMC, HRHD) consultative meeting to identify key competencies in new nutrition areas needed by midwives and community health nurses
- Plan and conduct pilot assessment in selected schools in collaboration with FANTA and GHS.
- Facilitate an eLearning program design workshop with Ministry of Health, stakeholders and technical advisors.